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I hereby certify that the correspondence upon which this notice is placed is being deposited with the US Postal Service as first class mail in an envelope addressed to the Commissioner for Patents, Box 1450 Alexandria, VA 22313, or to US Trademark Office, 2900 Crystal Drive, Arlington, VA 22202, on the date set forth below. MOONRAY KOLIMA, ATTORNEY

Date 5/31/05 (signed)

IN THE US PATENT OFFICE

EXAMINER - Mackowey

GROUP. - 2623

SN - 09/973148

FILED - 10/8/01

BY - Ogino

AMENDMENT AFTER FINAL

SIRS:

Responsive to the OA of 4/29/05, please amend the above as follows:

Claims 1-60, previously cancelled, as per the attached appendix.

Claims 61, 68, 75 and 82 amend as shown in the attached appendix.

Claims 76-81, 83 and 84, cancel without prejudice as shown in the attached appendix.

REMARKS

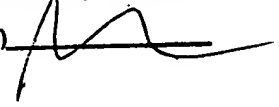
Claims 61-75 and 82 are in the application. The remaining claims have been cancelled to expedite prosecution.

Main claims 61, 68 and 75, were previously allowed. These have been amended by changing the word "enhancing" to --- maintaining--- to avoid the Examiner's Sec. 112 objection to such wording. With such amendment, it is believed that the Section 112 objection has been overcome, and these claims are now in condition for allowance. Subclaims 62-67, 69-74 are depended from claims 61 and 68 and hence are equally allowable.

Claim 82 has been amended to include all of the features of allowed claim 61 so that we can obtain coverage for a "recording



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Date 5/31/01 (Signed) 

DOCKET NO. 0015208(145)

IN THE US PATENT OFFICE

EXAMINER - Mackowey

GROUP - 2623

SN - 09/973,148

FILED - 10/8/01

BY - Ogino

SIRS:

Document on which fee is calculated:

[] Application [xx] Amendment

Entity Status: [xx] Non-small entity

[] Small Entity; [] cert. filed herewith [] Cert. filed priorly

APPLICATION

Basic Fee				\$	
Main claims (-3)		x	\$	=	\$
Total Claims (-20)		x	\$	=	\$
Multiple Dep. [] Yes [] No				\$	
TOTAL				\$	

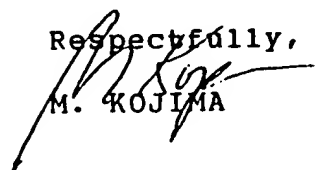
AMENDMENT

	After Amend.	Highst Prior					
Basic Fee						\$	0
(4) Main claims (-3)	1	(-) 4	=	0	x	\$	0
(16) Total Claims (-20)	0	(-) 0	=	0	x	\$	0
Multiple Dep. 1st time [] Yes [x] No.						\$	0
DEFICIENCY						\$	0

FEE DUE \$ 0 [] Enclosed herewith by check

[] Charge to DA 11-1500, duplicate attached.

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Respectfully,

M. KOJIMA